

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 01/01/2013 **and ending** 06/30/2013

B Check applicable box: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization WORKERS FOR A BETTER HAWAII **Employer identification number** 27 - 2440895

2 Mailing address (P.O. box or number, street, and room or suite number)
PO Box 38174

City or town, state, and ZIP code
HONOLULU, HI 96837 - 0000

3 E-mail address of organization: WORKERSFORABETTERHAWAII@GMAIL.COM **4 Date organization was formed:** 04/27/2010

5a Name of custodian of records MAUREEN WAKUZAWA **5b Custodian's address** PO Box 38174
HONOLULU, HI 96837 - 0000

6a Name of contact person MAUREEN WAKUZAWA **6b Contact person's address** PO Box 38174
HONOLULU, HI 96837 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
66 QUEEN STREET, SUITE 3902

City or town, state, and ZIP code
HONOLULU, HI 96813 -

8 Type of report (check only one box)

- | | |
|--|---|
| <input type="checkbox"/> First quarterly report
(due by April 15) | <input type="checkbox"/> Monthly report for the month of:
(due by the 20th day following the month shown above, except the
December report, which is due by January 31) |
| <input type="checkbox"/> Second quarterly report
(due by July 15) | <input type="checkbox"/> Pre-election report (due by the 12th or 15th day before the election) |
| <input type="checkbox"/> Third quarterly report
(due by October 15) | (1) Type of election: |
| <input type="checkbox"/> Year-end report
(due by January 31) | (2) Date of election: |
| <input checked="" type="checkbox"/> Mid-year report (Non-election
year only-due by July 31) | (3) For the state of: |
| | <input type="checkbox"/> Post-general election report (due by the 30th day after general election) |
| | (1) Date of election: |
| | (2) For the state of: |

9 Total amount of reported contributions (total from all attached Schedules A).....9. \$ 0

10 Total amount of reported expenditures (total from all attached Schedules B).....10. \$ 96

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

GUY FUJIMURA

07/08/2013

**Sign
Here**



Signature of authorized official



Date

Schedule A	Itemized Contributions	Schedule A
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Schedule B		Itemized Expenditures	Schedule B
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of Expenditure	
AGGREGATE BELOW THRESHOLD	NA	\$ 96	
PO Box 38174	Recipients's occupation	Date of expenditure	
HONOLULU, HI 96837 - 0000	NA	06/30/2013	
Purpose of expenditure			
OFFICE EXPENSE			